

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) HC-P02-060	
Application Number 10/772,090		Filed February 3, 2004	
For METHODS FOR MODULATING HEMATOPOIESIS AND VASCULAR GROWTH			
Art Unit 1646		Examiner Z. C. Howard	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	<u>\$150</u>	<u>\$75</u>	\$ <u>150.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	<u>\$560</u>	<u>\$280</u>	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	<u>\$1270</u>	<u>\$635</u>	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	<u>\$1980</u>	<u>\$990</u>	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	<u>\$2690</u>	<u>\$1345</u>	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 <u>54,408</u> <u>/Melissa S. Rones/ Signature</u> <u>November 16, 2011</u> <u>Melissa S. Rones, J.D., Ph.D.</u> <u>Date</u> <u>Typed or printed name</u> <u>(617) 951-7653</u> <u>Telephone Number</u>			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			